

Application Data Sheet
APPLICATION INFORMATION

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: A METHOD FOR PROVIDING GUARANTEED
DISTRIBUTED FAILURE NOTIFICATION
Attorney Docket Number:: 224487
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 14
Small Entity?:: No
Latin Name::
Variety denomination name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name::
Family Name:: Dunagan
Name Suffix::
City of Residence:: Bellevue
State or Prov. of Residence:: Washington
Country of Residence:: US
Street of mailing address:: 3004 169th Ave. NE
City of mailing address:: Bellevue
State or Province of mailing address:: Washington
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98008

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nicholas
Middle Name:: J. A.
Family Name:: Harvey
Name Suffix::
City of Residence:: Cambridge
State or Prov. of Residence:: Massachusetts
Country of Residence:: US
Street of mailing address:: 60 Wadsworth St, Apt 25B
City of mailing address:: Cambridge
State or Province of mailing address:: Massachusetts

Country of mailing address:: US
Postal or Zip Code of mailing address:: 02142

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: B.
Family Name:: Jones
Name Suffix::
City of Residence:: Redmond
State or Prov. of Residence:: Washington
Country of Residence:: US
Street of mailing address:: 21507 NE 67th St
City of mailing address:: Redmond
State or Province of mailing address:: Washington
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98053

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dejan
Middle Name::
Family Name:: Kostić
Name Suffix::
City of Residence:: Durham
State or Prov. of Residence:: North Carolina
Country of Residence:: US
Street of mailing address:: 2317 Snowcrest Trail
City of mailing address:: Durham

State or Province of mailing address:: North Carolina
Country of mailing address:: US
Postal or Zip Code of mailing address:: 27707

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Marvin
Middle Name:: M.
Family Name:: Theimer
Name Suffix::
City of Residence:: Bellevue
State or Prov. of Residence:: Washington
Country of Residence:: US
Street of mailing address:: 4440 137th Ave SE
City of mailing address:: Bellevue
State or Province of mailing address:: Washington
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98006

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alastair
Middle Name::
Family Name:: Wolman
Name Suffix::
City of Residence:: Seattle
State or Prov. of Residence:: Washington
Country of Residence:: US
Street of mailing address:: 7321 56th Ave NE

City of mailing address:: Seattle
State or Province of mailing address:: Washington
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98115

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 38887
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 38887

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of
mailing address:: Washington

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 98052